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ST. JUDE MEDICAL
Cardiac Rhythm Management Division
701 East Evelyn Avenue
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FACSIMILE COVER SHEET

Deliver to: Greene, Dana D.: Art Group: 3762
 USPTO
 Facsimile No.: 571-273-8300 Date: November 21, 2005
 Application No.: 10/737,232 Filing Date: December 15, 2003
 Our Docket No.: VT0329-US1 No. of pgs including cover sheet: 15
 From: Steven M. Mitchell, Reg. No.: 31,857

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: Response (12 pgs)	<input type="checkbox"/> Issue Fee Transmittal (In duplicate)
<input checked="" type="checkbox"/> Transmittal/Fee Transmittal (2 pg)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Appeal Brief (in triplicate) (____ pgs)	<input type="checkbox"/> Petition for:
<input type="checkbox"/> Application:	<input type="checkbox"/> Request for Continued Examination (RCE)
(____ pgs w/ cover & abstract)	<input type="checkbox"/> Reply Brief (____ pgs)
<input type="checkbox"/> Assignment & Recordation Cover Sheet (____ pgs)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input checked="" type="checkbox"/> Certificate of Facsimile	<input type="checkbox"/> Request to Rescind Previous
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Nonpublication Request
<input type="checkbox"/> Declaration & POA (____ pgs)	<input type="checkbox"/> Response to Written Opinion (____ pgs)
<input type="checkbox"/> Drawings: ____ sheets, ____ figures	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Extension of Time:	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> IDS & PTO/SB/08 (____ pgs)	<input type="checkbox"/> Transmittal Letter
<input type="checkbox"/> Other:	

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at fax no.: 571-273-8300.

Esther Campbell 11/21/05
 Esther Campbell Date

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NOV 21 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Eric S. Fain

Application No.: 10/737,232

Filed: December 15, 2003

For: Apparatus and Method for Improved
Morphology Discrimination in an
Implantable Cardioverter Defibrillator

Examiner: Greene, Dana D.

Art Unit: 3762

Confirmation No.: 6366

Atty. Docket: VT0329-US1

MailStop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL/FEE TRANSMITTAL

Dear Sir:

Submitted herewith for filing are the following documents:

X 12 page(s) Amendment and Response to Office Action

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage, via Express mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Name (Print/Type) Esther L. CampbellSignature Date 11/21/05

Docket No. VT0329-US1

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS FILED - NO. OF CLAIMS PREVIOUSLY FILED	NO. OF ADDITIONAL CLAIMS FILED	LG ENTITY FEE	\$ AMOUNT	\$ FEE
A	TOTAL CLAIMS FEE	22 - 22 =	0	X \$ 50	\$ 0	\$ 0.00
B	INDEPENDENT CLAIMS FEE**	5 - 5 =	0	X 200	0	0.00
C	SUBTOTAL - ADDITIONAL CLAIMS FEE (LINES A + B)					\$ 0.00
D	MULTIPLE-DEPENDENT CLAIMS FEE LARGE ENTITY FEE = \$360					
E	BASIC FILING FEE * LARGE ENTITY = \$300					
F	SEARCH FEE * LARGE ENTITY = \$500					
G	EXAMINATION FEE * LARGE ENTITY = \$200					
H	TOTAL FILING FEE** (ADD TOTALS FOR LINES C, D, E, F AND G)					\$000.00

☒ Charge Deposit Account No. **22-0265**
the amount of **\$00.00** A copy of this fee transmittal is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 22-0265:

☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17.

☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 22-0265:

☒ Any patent application processing fees under 37 CFR 1.17.

☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date:

11/21/05



Steven M. Mitchell
Attorney for Applicant(s)
Reg. No. 31,857

CUSTOMER NUMBER: 24473

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Patent

NOV 21 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Eric S. Fain

Application No.: 10/737,232

Filed: December 15, 2003

For: APPARATUS AND METHOD
FOR IMPROVED MORPHOLOGY
DISCRIMINATION IN AN
IMPLANTABLE CARDIOVERTER
DEFIBRILLATOR

Confirmation No. 6366

Examiner: Greene, Dana D.

Art Unit: 3762

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action dated August 25, 2005, Applicant respectfully requests that the above-identified application be amended as follows and that the following remarks be considered:

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile Transmitted to Mailstop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, at Fax No.: 571-273-8300 to Examiner DANA D. GREENE on the date shown below:

Name (Print/Type) Esther L. CampbellSignature *Esther Campbell*Date 11/21/05

Serial No. 10/737,232

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Docket No. VT0329-US1